

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 261-7083  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703

E-Mail: [web@drl.state.wi.us](mailto:web@drl.state.wi.us)  
Website: <http://www.drl.state.wi.us>

## APPLICATION INFORMATION FORM

### ATTENTION

### IMPORTANT INFORMATION PLEASE READ

Enclosed is the application packet you recently requested from the Wisconsin Department of Regulation and Licensing.

To avoid any unnecessary errors, take a moment to review the entire application packet before you begin to complete your application.

We will mail you a check sheet within 10-15 working days after receipt of your application in this office. The check sheet will include an identification number that allows you to check the status of your application by calling the **Interactive Voice Response System, (608) 261-7925**. The Interactive Voice Response System will inform you of any requirements not met. You may also check the status of your application on our web-site: <http://www.drl.state.wi.us>. Look under "Applicant Services."

It is your obligation as an applicant to see that the items listed as "Is Required" are forwarded to the Department of Regulation and Licensing. The Department will not contact other agencies or jurisdictions for information/documents to complete your application. We will update check sheets within 3-5 working days of receipt of documents. An application is not considered complete until we receive all the required documents and fees.

Once your application is complete, check the department's web-site: <http://www.drl.state.wi.us>. Look under "Business/Professional License Lookup" for your official credential number and grant date.

Jim Doyle  
Governor

Donsia Strong Hill  
Secretary

WISCONSIN DEPARTMENT OF  
REGULATION & LICENSING



1400 E Washington Ave  
PO Box 8935  
Madison WI 53708-8935  
Email: web@drl.state.wi.us  
Voice: 608-266-2112  
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**CORRESPONDENCE / MEMORANDUM**

**DATE:** March 27, 2003

**TO:** Social Work Training Certificate Applicants

**FROM:** Jan Neitzel  
(608) 266-0145x2

Due to a law change November 2002, social work training certificate applicants are able to start the basic level application process before the SWTC is completed. You **may** start the basic level at any time after the SWTC application has been received in the Department of Regulation and Licensing. Upon receipt of the basic level application a state exam and code book will be sent to you for completion. Please do not return the application unless you plan on continuing the process at that time, as a second code book and exam will not be issued. You may wait to start the basic level process until you have completed the requirements for the SWTC, however the Section has allowed 2 years to complete both the SWTC and the basic level process.

There are two applications, one for the SWTC (gold) and one for the basic level (pink). The application fee for the SWTC is \$10 and the application fee for the basic level is \$125, (this does not include the fee for the national exam.) A temporary permit is available only after the education and experience requirements for the SWTC have been completed. The training certificate must be returned to the Department of Regulation and Licensing with a note requesting that the temporary permit be issued.

However, if you take the national exam before the SWTC is complete or the temporary permit has expired, you must return whichever you have. **IF YOU FAIL THE EXAM, YOU WILL NEED TO RETURN THE CERTIFICATE AND YOU WILL NOT BE ABLE TO USE THE TITLE "SOCIAL WORKER".**

Jan Neitzel   
Program Assistant

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## **EXAMINING BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS**

### **BEFORE YOU APPLY FOR SOCIAL WORKER TRAINING CERTIFICATE**

The purpose of the Social Work Training Certificate is to permit persons with majors in other human services fields to work as social workers while attaining courses and experiences that will qualify them for the basic social worker certificate.

Courses and experiences already completed at the time of application will be evaluated to determine if they meet training certificate requirements, however, the typical applicant will be required to successfully complete at least four social work courses of three semester credits each, plus a supervised social work internship or employment experience, and take and pass the national social worker examination and a state jurisprudence examination before receiving the final certification to use the title social worker. All requirements must have been fulfilled by the end of the two year duration of the training certificate including coursework. The training certificate is not renewable, and will end before the two years are over if the applicant fails the national or state examination.

Once issued the training certificate cannot be placed on hold for re-issuance at a later date. This may require a substantial commitment of time and resources on the part of yourself and your employer, and success is not guaranteed. It is only necessary to obtain the training certificate if you wish to work in a position entitled "social worker" prior to attaining all the qualifications. There is another avenue to a social work certificate if you do not need to be called a social worker as you train. You can seek a master's degree in social work from a program accredited by the Council on Social Work Education. This will qualify you to apply directly for a social work certificate, and will permit you to attain advanced practice and independent social worker certificates beyond the basic certificate if you should so desire.

It would be wise to look into the availability of courses and supervised experience, and plan a specific program before seeking the social work training certificate and will be issued automatically when the following criteria have been met:

1. Application and \$10.00 fee has been received.
2. Verification of an approved degree (upon receipt of transcript, unless you are notified that course descriptions are required.)
3. There are no convictions or pending charges

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## WISCONSIN DEPARTMENT OF REGULATION AND LICENSING SOCIAL WORK TRAINING CERTIFICATE SELF-HELP GUIDE FOR EDUCATION

The following may be helpful in self-evaluation, but the only sure way to determine eligibility for a social work training certificate, and the individual courses and experience that may be required, is to submit an application and transcripts of education, along with \$10.00, to the Department of Regulation and Licensing for review. Allow 6 to 8 weeks. Applications can be obtained by calling 608-266-0145. The Department cannot give informal assessments over the phone.

### 1. What degrees will qualify me for a social work training certificate?

- A bachelors degree in psychology, sociology or criminal justice will qualify.
- A bachelor's degree in another human services major may qualify, but must be reviewed by the Social Work Section. A masters degree in a human services area may qualify, but must be reviewed.

### 2. Is my major a human services major?

- Human services majors typically focus predominantly on coursework related to providing services to individuals with difficulties in psychological and social functioning.
- Human services coursework typically includes content such as psychology, sociology, crisis intervention, therapeutic interviewing, counseling techniques, child or adolescent welfare, clinical placements and field practicums in social service agencies.
- There must be a course with significant content in professional ethics and values in the helping professions, and a senior seminar or capstone course that pulls together the themes of the helping professions.
- A grade point average of 2.5 or greater in the major is required.

### 3. What courses will I need to take?

- To count toward the requirements, courses must be taken for academic credit, not job training or seminars. Correspondence courses and independent study courses must be reviewed by the Social Work Section and are rarely accepted, as they don't include needed discussion and practice.
- Four courses are required. Courses may be completed in previous education, or after applying for the certificate.

#### Requirements:

- Schools usually know whether their courses have been approved as meeting the training certificate requirements.
- For self-evaluation, look for the following. Course descriptions or syllabi must be submitted for official determination in ambiguous cases.

**Social Welfare Policy and Services:** One 3 credit course with predominant focus on social welfare policy analysis. These courses are usually called "Social Welfare Policy Analysis", or a similar title.

**Social Work Practice Methods:** Two 3 credit courses, usually called "Social Work Practice I and II," or similar title. One course usually focuses on practice methods with individuals and groups, the second course usually focuses on practice methods with communities and organizations. Courses in counseling methods may be accepted as meeting the first Methods course requirement, but not both requirements. Research methods courses do not count.

**Human Behavior and the Social Environment:** One 3 credit course, can be called "Human Behavior and the Social Environment", but can also be Human Growth and Development through the Lifespan, Developmental Psychology, or a combination of Child and Adolescent Psychology courses, or Child and Adult Psychology.

**APPROVED COURSES FOR SWTC  
MARCH, 1999**

<b>School</b>	<b>Courses</b>	<b>Academic Year First Approved*</b>
Cardinal Stritch University	Ps 202 Lifespan Human Development, or Ps 220 Child Psychology and at least one of Ps 221 Adolescent Psychology or Ps 223 Psychology of Adulthood and Aging Sc 210 Social Welfare Policy and Social Welfare Sc 211 Social Work Practice Methods I Sc 212 Social Work Practice Methods II	1997-1998 & 1998-1999
Edgewood College	HS 300 Methods of Human Services I HS 301 Methods of Human Services II HS 302 Social Welfare Policy and Services HS 303 Advanced Social Change Skills Psy 345 Lifespan Development	Fall 1998- 1999
UW - Madison School of Social Work	SW205/605 Intro to Social Work SW206/606 Intro Social Policy SW440 and 400 Theory and Practice of SW I plus Field Sem I SW62x and 401 Direct Practice Methods plus Field Sem II SW457/711 Human Behavior & Social Environment	1997-1998
UW - Milwaukee School of Social Welfare	896-206 Society, Poverty and Welfare Programs 896-750 Social Welfare Policy Implementation and Development 896-410 Social Work Methods II 896-427 Social Work Methods III 896-708 Social Work Methodology I: Individuals and Families 896-709 Social Work Methodology II: Groups, Organizations and Communities 896-350 Human Behavior and the Social Environment 896-705 Individual Behavior and Social Welfare	1997 -1998
UW - Platteville	CJ 463 Social Welfare Policy	1997-1998
	Psy 493/693 Techniques of Counseling and Psychotherapy	Fall 1997, 1998-1999
UW- Stevens Point	Soc 361 Social Work Methods - Casework and Groupwork	1997 - 1998, 1998-1999
	Soc 362 Social Work Methods - Community Organization	1997-1998
	Soc 262 Social Welfare Policies and Programs	Spr 99
	Soc 395 Human Behavior in the Social Environment	1998-1999
Upper Iowa University	Psy/Soc 276 Methods in Human Services I Psy/Soc 277 Methods in Human Services II Psy/Soc 283 Human Behavior in the Social Environment Psy/Soc 384 Social Welfare Programs and Policies	1997 - 1998 1998 - 1999
Viterbo College *Courses not available after spring 2000.	SoWk 305 Social Welfare Policies and Programs	Spring 97 and 1997 - 1998, Sp99
	SoWk 355 Human Behavior and the Social Environment	Fall 97 only; 1998-1999
	SoWk 450 Social Work Practice I	1997-1998; 1998-1999
	SoWk 451 Social Work Practice II	Spring 98,99

\*As of March, 1999, courses remain approved without resubmission, unless the syllabus is changed. swtccrs5.doc (2/00)

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## EXAMINING BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS

### APPLICATION INFORMATION FOR SOCIAL WORKER TRAINING CERTIFICATE

1. Complete the application form (#2159), including notarized signature.
2. Attach \$10.00 fee to application. Checks or money orders should be made payable to the DEPARTMENT OF REGULATION AND LICENSING. Your canceled check will be your receipt.
3. In addition to the application form and fee, the following supporting documents must be forwarded to the Social Worker Section:
  - a. Certified transcript(s) of all professional education leading to your bachelor's degree with a human services major from an accredited program. Must be sent directly to the Section from the institution.
  - b. If your major is other than sociology, criminal justice or psychology, submit a course catalog description of your human services major program, with descriptions of all required courses. Also submit a school record of your gpa in your major.
  - c. College catalog course descriptions and instructor's course syllabus or outline for any course work you list under #8 on the application.
  - d. For any supervised social work internship/employment completed during your degree program, list name and qualification of your supervisor(s) under #9 on the application. The Supervisor's Affidavit (Form #2266) and position description (plus other documents if internship) must be submitted directly to the Section by the supervising social worker.
  - e. If you have ever held a credential as a social worker in another state or government jurisdiction, the Verification of Credential (Form #1971) must be submitted by the appropriate state(s)/jurisdiction(s).
  - f. If you have been convicted of a crime, or criminal charges are pending against you, Form 2264 must be submitted.
4. Upon completion of any additional coursework and training required by Ch. 457.09(4), Stats. (see enclosed), the following supporting documents must be forwarded to the board office:
  - a. An official transcript and college catalog course descriptions and instructor's course syllabus or outline documenting completion of additional coursework required.
  - b. The Supervisor's Affidavit (Form #2266) and position description (plus other documents, if internship) documenting completion of supervised training or employment.
5. Upon approval of the coursework and training required by Ch. 457.09(4), Stats., the holder of a training certificate must complete both a national and jurisprudence examination to be eligible for a social worker certificate. Information regarding the examination will be sent upon receipt of supporting documents listed in number 4 above.
6. The social worker training certificate is valid for 24 months or until the certificate holder's successful completion of the national and jurisprudence examinations, whichever occurs first. If the certificate holder fails either part of the examination, the training certificate is no longer valid and must be returned to this office immediately.
7. The training certificate is not renewable, and once issued the social worker training certificate cannot be placed on hold for re-issuance at a later date.
8. When applying for the basic level credential, a "pink" completed social worker application and fee must be submitted along with a completed jurisprudence exam (state open book exam).

Please have all documents addressed to: SOCIAL WORKER SECTION, DEPARTMENT OF REGULATION AND LICENSING, PO BOX 8935, MADISON, WI 53708-8935.

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### APPLICATION FOR SOCIAL WORKER TRAINING CERTIFICATE

Information requested is required for processing.

If you wish to use the title of "social worker" and are not eligible for the Social Worker Certificate because you do not have a degree in social work from a program accredited by, or a preaccreditation program of the council on social work education, you may complete this application for a Social Worker Training Certificate.

#### PLEASE TYPE OR PRINT IN INK

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Former Name(s) (If Applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

(A Post Office Box is NOT Acceptable)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Days): (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Ethnic and gender status information is optional, and is for research and reporting to the Equal Employment Opportunity Commission.

Race: \_\_\_\_\_ (1) White, not of Hispanic origin  
\_\_\_\_\_ (2) Black, not of Hispanic origin  
(Check one) \_\_\_\_\_ (3) Hispanic  
\_\_\_\_\_ (4) American Indian or Alaskan  
\_\_\_\_\_ (5) Asian or Pacific Islander  
\_\_\_\_\_ (6) Other

Sex: \_\_\_\_\_ M \_\_\_\_\_ F

#### **Post Secondary Education** (schools, locations, degrees and dates of graduation)

**You must have at least a bachelor's degree from an accredited college or university in psychology, sociology, criminal justice or another human service program approved by the Section.**

SCHOOL	LOCATION	DEGREE and MAJOR	DATE OF GRADUATION

**APPLICATION FEES:** Make check payable to Department of Regulation and Licensing.

\_\_\_\_\_ \$ 10.00 Fee

**For Receipting Use Only**

# Wisconsin Department of Regulation & Licensing

**Social Work Degree Equivalency Course Work** See the Self-Help Guide attached to the application and the list of approved courses. If you have already completed courses that may satisfy the requirements, list them below.

**If the course does not appear on the approved list, please attach college catalog course descriptions and instructor's course syllabus or outlines for courses listed. Request your college or university to submit an official transcript of all courses directly to the Social Worker Section.**

Content Area	Date	Course Code	Course Title	Credit Hrs.
Social Welfare Policy/Services (1 course 3 sem cr; 4 qtr cr)				
Social Work Practice Methods (2 courses 3 sem cr; 4 qtr cr)				
Human Behavior in Social Environment (1 course 3 sem cr; 4 qtr cr)				

The Section will review your transcript and course descriptions and you will be notified of what further coursework, if any, you must complete.

**Human Services Internship or Social Work Employment** A supervised human services internship **or** one year of supervised social work employment is required. Internships or employment already completed may be applied toward completion of the social work practice requirements. The internship/employment must have resulted in certain competencies, and must have been supervised by a social worker with a bachelor's or master's degree in social work and state certification, if after August 1, 1995. See the Supervisor's Affidavit, attached to this application, for further details.

**If you have completed an internship or employment experience that may be applicable, please list below and request the supervising social worker to submit the Supervisor's Affidavit and a job description, including duties, directly to the Social Worker Section.**

Place of Employment/Internship	Location	Dates (from-to)	Hrs./Wk.	Position Title	Supervisor
Employment _____ Internship _____					Name: _____
					Certificate # _____ Type _____ Degree: _____ BSW or _____ MSW
Employment _____ Internship _____					Name: _____
					Certificate # _____ Type _____ Degree: _____ BSW or _____ MSW

**-OR-**

☐ I have not yet had supervised social work experience that would satisfy training certificate requirements.

The Section will review your experience and you will be notified of what further supervised practice you must complete, if any.



# Wisconsin Department of Regulation & Licensing

**10. Mark an X in the appropriate box.** If you answer YES to any question, give an explanation of all details on an attached sheet. A "YES" answer does not preclude certification. *Please print your name and birth date at the top of each attached sheet.*

	YES	NO
1. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <b>If yes, give details on an attached sheet, including the name of the profession and the agency.</b>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever failed to pass any state board examination or national board examination? <b>If yes, give details on an attached sheet.</b>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, revocation? <b>If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</b>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is disciplinary action pending against you in any jurisdiction? <b>If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.</b>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any felony or misdemeanor charges pending against you? <b>If yes, attach a sheet providing details about the pending charge, copy of the court documents and status of the charge.</b> (Please do not give details on minor traffic charges, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.)	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been convicted of a misdemeanor or a felony? <b>If yes, attach a sheet providing details about the crime, including date of conviction, penalty and a copy of the court documents.</b> (Please do not give details on minor traffic convictions, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.)	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you incarcerated, on probation or on parole for any conviction? <b>If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.</b>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have any suits or claims ever been filed against you as a result of professional services? <b>If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.</b>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have your staff privileges ever been limited or removed? <b>If yes, give details on an attached sheet.</b>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you registered or licensed in any other profession(s)? <b>If yes, state what profession(s) and in what states(s).</b>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever been credentialed under any other name(s)? <b>If yes, state name(s) credentialed under.</b>	<input type="checkbox"/>	<input type="checkbox"/>

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice social work" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate social worker judgments and to learn and keep abreast of developments in the field of social work; and
2. The ability to communicate those judgments and social worker information to clients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform social worker tasks, with or without the use of aids or devices, such as corrective lenses or hearing aids.

## Wisconsin Department of Regulation & Licensing

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Chemical substances" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years.**

"Illegal use of controlled dangerous substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- |   | <u>YES</u>               | <u>NO</u>                |
|---|--------------------------|--------------------------|
| 12. Do you have a medical condition which in any way impairs or limits your ability to practice social work with reasonable skill and safety? <b>If yes, please explain.</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does your use of chemical substance(s) in any way impair or limit your ability to practice social work with reasonable skill and safety? <b>If yes, please explain.</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? <b>If yes, please explain.</b>                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? <b>If yes, please explain.</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? <b>If yes, please explain.</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Are you currently engaged in the illegal use of controlled dangerous substances?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. If yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? <b>If yes, please explain.</b> | <input type="checkbox"/> | <input type="checkbox"/> |

# Wisconsin Department of Regulation & Licensing

## Desired Effective Date of Training Certificate:

A training certificate may be granted immediately to individuals with bachelor's degrees in approved human services majors, who do not have convictions or pending criminal charges, upon receipt of a complete application. However, evaluation of social work equivalency of coursework and practice, and determination of training requirements to be completed, must be approved by the Social Work Section, which meets approximately monthly. If a training certificate is granted immediately upon qualification, certificate holders can expect delays in notification of training requirements. These delays will not extend the non-renewable term of the certificate, which is 24 months. Unless the certificate is needed to begin immediate employment, it may be desirable to elect an effective date that begins when training requirements have been determined. This permits the maximum amount of time to attain the requirements. Please indicate your preference below.

\_\_\_\_\_ I wish to receive the training certificate as soon as I am found qualified.

\_\_\_\_\_ I wish to receive the training certificate as soon as the Section has determined my training requirements.

\_\_\_\_\_ Notify me of my training requirements, but do not issue the training certificate until further notice from me. (If you do not contact us within six months, the application will be considered abandoned, and destroyed. You must reapply as a new applicant if you wish to pursue it in the future.)

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## AFFIDAVIT OF APPLICANT

(Sign and date in the presence of a notary)

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for denial of this application or revocation of my credential. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Examining Board of Social Workers, Marriage and Family Therapists, and Professional Counselors or the Wisconsin Department of Regulation and Licensing will be cause for disciplinary action.

Further, as an applicant for a social worker training certificate, I hereby declare and agree that, if a social worker training certificate is issued to me by the Social Worker Section, I shall seek to attain social work degree equivalency pursuant to the terms and requirements of sec. 457.09, Stats., and sec. SFC 3.13, Wis. Adm. Code, by completing all coursework, supervised human services internship or supervised social work employment as directed by the Social Worker Section under the terms of sec. 457.09, Stats., and sec. SFC 3.13, Wis. Adm. Code.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

**SEAL**

\_\_\_\_\_  
Date Commission Expires

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## EXAMINING BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS

### VERIFICATION OF CREDENTIAL

Please check credential type: ☐ Social Worker ☐ Professional Counselor  
☐ Social Worker Training Certificate ☐ Professional Counselor Training Certificate  
☐ Marriage and Family Therapist

The top portion of this form (numbers 1, 2, 3, 4, 5, and 6) must be completed by the applicant before forwarding to the jurisdiction where previously credentialed.

1. Name	2. Previous Name(s)
---------	---------------------

3. Address (number, street, city, state, zip code)

4. Date of Birth (month, day, year)	5. Credential Number	6. Date Credential Issued
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I authorize the requested information to be furnished to the Wisconsin Examining Board of Social Workers, Marriage and Family Therapists and Professional Counselors.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The lower portion of this form, beginning with number 7, must be completed by the state where you are credentialed (certified, registered, licensed) and returned directly to the Examining Board of Social Workers, Marriage and Family Therapists and Professional Counselors at the above address before your application can be considered for certification.

7. Profession Credentialed	8. Date Originally Credentialed
----------------------------	---------------------------------

9. Credential was Issued by: ____ Examination ____ Endorsement/Reciprocity	10. Credential is: ____ Active (Date Expires _____) ____ Inactive
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11. Has This Credential Ever Been Revoked, Suspended, Surrendered, Restricted, Limited, Placed on Probation?  
\_\_\_\_ Yes \_\_\_\_ No If yes, explain on reverse side.

12. If The Applicant Was Credentialed by Examination, Which Exam?

13. Name of Education Program Completed	14. Name of School
---	--------------------

15. Location of School	16. Year of Graduation
------------------------	------------------------

S E A L

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
State

\_\_\_\_\_  
Date

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E-Mail: [web@drl.state.wi.us](mailto:web@drl.state.wi.us)  
Website: <http://www.drl.state.wi.us>

## ADDENDUM TO APPLICATION

Information requested is required for processing.

**SOCIAL SECURITY NUMBER.** Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.<sup>1</sup> A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

\_\_\_\_\_  
First Name Middle Initial Last Name

			-			-				
--	--	--	---	--	--	---	--	--	--	--

Social Security Number or FEIN

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Type of Credential (license, permit, certificate)

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,<sup>2</sup> to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,<sup>3</sup> and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.<sup>4</sup>

## INFORMATION AVAILABLE TO THE PUBLIC - NONDISCLOSURE OF CERTAIN PERSONAL INFORMATION

☐ Your name, credential number, address, status and other credentialing information are available to the public. However, you may check this box to declare that your name and address not be disclosed on any list of ten or more individuals that the department furnishes to another person.<sup>5</sup>

## DELINQUENT STATE TAXES; DELINQUENT SUPPORT

All applications for professional credentials are checked to determine whether the applicant is liable for delinquent state taxes. Under state law, the department must deny your application if you are liable for delinquent Wisconsin taxes.<sup>6</sup> If you are liable for delinquent state taxes, pay the delinquent amount before the application process is completed. Retain proof that you have satisfied the tax delinquency. If you have any questions about payment of delinquent taxes, please contact your nearest Department of Revenue office or call (608) 261-6249. An application may be denied or a credential suspended if an applicant or credential holder is delinquent in paying support or fails to comply with a subpoena or warrant issued by the department of workforce development or a county child support agency related to support or paternity proceedings.<sup>2</sup>

#2380 (Rev. 11/02)

<sup>1</sup> Section 440.03 (11m), Wis. Stats.

<sup>2</sup> Sections 49.22, and 440.13, Wis. Stats.

<sup>3</sup> Section 440.12, Wis. Stats.

<sup>4</sup> Health Insurance Portability and Accountability Act (HIPAA) of 1996

<sup>5</sup> Section 440.14, Wis. Stats.

<sup>6</sup> Section 440.12, Wis. Stats.

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 261-7083  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: [web@drl.state.wi.us](mailto:web@drl.state.wi.us)  
Website: <http://www.drl.state.wi.us>

## EXAMINING BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS

### SUPERVISOR'S AFFIDAVIT SOCIAL WORK INTERNSHIP / EMPLOYMENT

Information requested is required for processing.

1. This affidavit is to be completed by the applicant's supervising social worker, who must have a BSW or MSW degree and State of Wisconsin social work certification. (Wisconsin certification not required prior to August 1, 1995.)
2. This affidavit must be accompanied by an official description of the duties performed by the applicant during the time period indicated. The position must provide experience in direct practice with clients in all areas described below, and this practice must comprise a predominant part of the experience. The position must give the applicant direct responsibility for the areas listed on the affidavit, and not be one of assisting, observing others perform, or being primarily the manager of others who perform
3. If the experience is an internship, this affidavit must be accompanied also by documentation by the sponsor of pre-determined educational goals, if begun after January 1, 1998, and documentation of the student evaluation.
4. The supervisor must send the affidavit with position description and internship documents, if applicable, directly to Social Work Section, Wisconsin Department of Regulation and Licensing, P.O. Box 8935, Madison, WI 53708.

Applicant's Name:	
Dates of Internship/Employment:	From: _____ To: _____
Hours/Week:	
Status:	Internship _____ Employment _____
Position/Title:	
Agency:	
Location:	
Supervising Social Worker:	Name: _____
	Degree: _____ BSW _____ MSW _____
	Certificate # _____ Type: _____

# Wisconsin Department of Regulation & Licensing

## SUPERVISOR'S AFFIDAVIT SOCIAL WORK INTERNSHIP/EMPLOYMENT

I certify that I provided direct, on-site supervision of the above-named applicant in a human services internship or employment which involved direct practice with clients, and which provided training and experience in all of the areas listed below.

- a. Evaluation and assessment of difficulties in psychosocial functioning of a group or another individual.
- b. Developing plans or policies to alleviate those difficulties, and either carrying out the plan or referring individuals to other qualified resources for assistance.
- c. Intervention planning, which may include psychosocial evaluation and counseling of individuals, families and groups; advocacy; referral to community resources, and facilitation of organizational change to meet social needs, based on evaluation and assessment described in (a) above .
- d. Knowledge of other disciplines relevant to the evaluation of clients, plans and policies to alleviate client difficulties, and intervention planning.
- e. The ability to intervene effectively on behalf of diverse populations and populations most vulnerable and discriminated against, including development of cultural competence, provision of culturally competent services, and ability to collaborate with others to develop services.
- f. Application of professional ethics and standards in the delivery of social work services to clients.

I certify that the applicant demonstrated competency in all of the areas listed.

I certify that I met with the applicant in a face-to-face individual session at least one hour each week for one year of employment, or for the duration of the internship, to direct this social work practice. I further certify that I complied with SFC 4.01(1)(a) and (3). See attached.

If the position was employment, rather than internship, I certify that the applicant's experience involved at least 400 hours of face-to-face client contact in not less than 12 months.

Signature of Supervising Social Worker: \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

SEAL

My Commission expires \_\_\_\_\_.

# Wisconsin Department of Regulation & Licensing

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Madison, WI 53708-8935

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## EXAMINING BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS

### OPTIONAL ADVANCE PLAN SOCIAL WORK INTERNSHIP / EMPLOYMENT

Information requested is required for processing.

*This form is required only if advance review of internship or experience is desired.*

1. This PLAN is to be completed by the applicant's supervising social worker, who must have a BSW or MSW degree and State of Wisconsin social work certification.
2. This PLAN must be accompanied by an official description of the duties to be performed by the applicant during the time period indicated. The position must provide experience in direct practice with clients in all areas described below, and this practice must comprise a predominant part of the experience. The position must give the applicant direct responsibility for the areas listed on the affidavit, and not be one of assisting, observing others perform, or being primarily the manager of others who perform
3. If the experience is an internship, this affidavit must be accompanied also by documentation by the sponsor of pre-determined educational goals. Documentation of the student evaluation will be required upon completion.
4. The supervisor must send the PLAN with position description and internship documents, if applicable, directly to Social Work Section, Wisconsin Department of Regulation and Licensing, P.O. Box 8935, Madison, WI 53708.

Applicant's Name:	
Dates of Internship/Employment:	From: _____ To: _____
Hours per week:	
Status:	Internship _____ Employment _____
Position/Title:	
Agency:	
Location:	
Supervising Social Worker:	Name: _____
	Degree: _____ BSW _____ MSW _____
	Certificate # _____ Type: _____



# Wisconsin Department of Regulation & Licensing

## ADVANCE PLAN SOCIAL WORK INTERNSHIP/EMPLOYMENT

I certify that I will provide direct, on-site supervision of the above-named applicant in a human services internship or employment which involves direct practice with clients, and which provides training and experience in all of the areas listed below.

- a. Evaluation and assessment of difficulties in psychosocial functioning of a group or another individual.
- b. Developing plans or policies to alleviate those difficulties, and either carrying out the plan or referring individuals to other qualified resources for assistance.
- c. Intervention planning, which may include psychosocial evaluation and counseling of individuals, families and groups; advocacy; referral to community resources, and facilitation of organizational change to meet social needs, based on evaluation and assessment described in (a) above .
- d. Knowledge of other disciplines relevant to the evaluation of clients, plans and policies to alleviate client difficulties, and intervention planning.
- e. The ability to intervene effectively on behalf of diverse populations and populations most vulnerable and discriminated against, including development of cultural competence, provision of culturally competent services, and ability to collaborate with others to develop services.
- f. Application of professional ethics and standards in the delivery of social work services to clients.

I certify that the applicant will be required to demonstrate competency in all of the areas listed in order to successfully complete this experience.

I certify that I will meet with the applicant in a face-to-face individual session at least one hour each week for one year of employment, or for the duration of the internship, to direct this social work practice. I further certify that I will comply with SFC 4.01(1)(a) and (3). See attached.

If the position is employment, rather than internship, I certify that the applicant's experience will involve at least 400 hours of face-to-face client contact in not less than 12 months.

Signature of Supervising Social Worker: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Position Held by Supervising  
Social Worker in Training Certificate  
Holder's Organization \_\_\_\_\_

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 261-7083  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703

E-Mail: [web@drl.state.wi.us](mailto:web@drl.state.wi.us)  
Website: <http://www.drl.state.wi.us/>

## CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a \$6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: \_\_\_\_\_

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip) \_\_\_\_\_

Mail To Address (if different) \_\_\_\_\_

Date of Birth ____ month ____ day ____ year	Social Security Number ____-____-____ <small>Information helps us identify your record, but is voluntary. It is not available to the public.</small>
--	--

Ethnic/gender information is required to check criminal information records. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

1. List all other names used: \_\_\_\_\_
2. List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

**It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.**

OFFENSE

DATE

CITY/STATE


Attach additional sheet(s) if necessary.

# Wisconsin Department of Regulation & Licensing

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? YES NO MO/YR COMPLETED  
☐ ☐ \_\_\_\_\_  
Did you successfully complete the program? ☐ ☐ \_\_\_\_\_  
Please attach the certificate of completion/discharge summary.

- (Check all that apply)
4. Have you ever been sentenced to: YES NO MO/YR COMPLETED  
☐ Probation ☐ ☐ \_\_\_\_\_  
☐ Parole ☐ ☐ \_\_\_\_\_  
☐ Ordered to pay restitution ☐ ☐ \_\_\_\_\_  
Did you successfully complete one of the above as ordered by the court? ☐ ☐ \_\_\_\_\_

If you are currently on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are pending. Submit a copy of the police report/criminal complaint for each of the following pending charges.

<u>PENDING CHARGE</u>	<u>DATE OF ARREST</u>	<u>LOCATION OF ARREST (city/state)</u>
-----------------------	-----------------------	--


Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.


## AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

Signature _____	Date _____
-----------------	------------

Signed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signature of Notary Public _____	Date _____
----------------------------------	------------

My commission (is permanent) \_\_\_\_\_ expires \_\_\_\_\_.

**SEAL**

# Department of Regulation & Licensing

State of Wisconsin

(608) 266-2112

TTY# (608) 267-2416<sup>a</sup> hearing or speech  
TRS# 1-800-947-3529<sup>a</sup> impaired only

P.O. Box 8935, Madison, WI 53708-8935

E-Mail: [dorl@drl.state.wi.us](mailto:dorl@drl.state.wi.us)

Website: <http://www.drl.state.wi.us/>

FAX #: (608) 267-1803

## NOTICES

### **TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS**

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.<sup>a</sup> An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

### **PROCEDURES ON APPLICATION DENIAL**

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at <http://www.legis.state.wi.us/rsb/code/rl/rl.html> and may also be obtained from the department.

### **MAILING ADDRESS AND CHANGE OF ADDRESS**

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

### **PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY**

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at <http://www.drl.state.wi.us/> under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

### **AMERICANS WITH DISABILITIES ACT**

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

**Communications and examinations:** Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

**Complaints:** Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#1988 (Rev. 10/00) ss. 15.04 (1) (m), 19.35, Stats.

<sup>a</sup> Section RL 4.06 of the Wisconsin Administrative Code

# Wisconsin Department of Regulation & Licensing

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Website: <http://www.drl.state.wi.us>

## APPLICATION PACKET ADDENDUM (INTERNET)

### SOCIAL WORKER TRAINING CERTIFICATE

For the application packet that you have just downloaded, there are additional materials needed.

Please complete this form and fax it to the number listed above. Once the form is returned we will mail the additional items to the address you have provided. If you prefer, you can mail this form directly to the Department of Regulation and Licensing, P.O. Box 8935, Madison, WI 53708.

Please indicate on this form if you have downloaded the Wisconsin Statutes and Code Book for this profession. ☐ Yes ☐ No

### PLEASE PRINT OR TYPE

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
PO Box

\_\_\_\_\_  
City, State, Zip

Thank you.

#2612 (4/03)